

FUNDING BASICS UTILIZATION REVIEW

Overview

The purpose of the Utilization Review (UR) Process is to:

- ensure quality services are fair and consistent statewide
- ensure that the plan reflects the individual's needs
- ensure levels of service are defined and documented within the outcomes of the plan
- ensure plans meet all local, state, and federal requirements
- ensure accountability of public funds

Policies / Procedure

Utilization Review Committee (In-Home and Residential)

- The Core Committee should consist of the following: Quality Assurance representative; Business Office representative, Service Coordination representative, and /or an Administrative representative. Membership may also include a parent or guardian representative and an SB40 representative. A **minimum** of three (3) members, besides the Chair, from the Core Committee is necessary to meet. However, the Division expects each Regional Office Review Committee to make a concerted effort to have a full, active, and involved membership. The support coordinator (formally known as service coordinator) for the plan is encouraged, but not required, to attend. The support coordinator cannot be a Core review member for that particular plan. The Support Coordinator may attend as requested by an individual or family. If the committee needs any clarification and the Support Coordinator is not present, the Committee will contact the Support Coordinator, provider, or family prior to the Regional Director's review. The deadlines may need to be extended if the family requests that the Support Coordinator attend the UR meeting.
- Tasks and Process: Individuals and guardians will be provided information outlining the purpose and process for Utilization Review at their initial plan meeting, and at all subsequent meetings. This basic information will also be available on the Division's website. The Committee shall meet a minimum of once per week.
- The Committee shall review: 1) all initial plans/budgets with funds; 2) amended plans that raise the dollar amounts; 3) plans that add new services; and 4) plans at the discretion of the local UR Committee. Other personal plan reviews will continue to be completed by the Support Coordinator and/or Service Coordination Supervisor, as directed by the Regional Director.

- The Committee shall use the approved Utilization Review Checklist to assist in the review.
- If the Committee recommends approval of the plan as written, the Committee chairperson will sign off and forward to the Regional Director or their designee for final action.
- If the Utilization Review Committee determines that a plan/budget cannot be recommended for approval, or finds it necessary to make any change in the budget/service authorization associated with a plan, then the URC will provide notice to the Support Coordinator in the following manner: The UR Committee will complete a UR Committee Recommendation Form and return that form to the Support Coordinator. This will identify the changes made, reasons for non-approval and/or action necessary to obtain UR Committee recommendations for approval. The Support Coordinator will then be responsible to respond to the UR Committee within 10 working days of the review date.
- Upon action by the Regional Director or their designee to approve/disapprove a plan, a copy of the plan (if not already sent to the provider) and the completed Utilization Review Committee Recommendations form will be faxed to the provider(s) and the Support Coordinator will notify the family upon receipt of the completed form. A hard copy will then be mailed within 5 working days to the individual/family/guardian, as attachments to a letter from the Director or their designee stating his/her final decision.
- It is expected that the Support Coordinator will communicate with families and providers in a timely manner. Although the UR Committee is responsible for informing individuals, families, and providers of recommended changes to plans and budgets, the Support Coordinator will remain in contact with the individual or family to make sure they understand the outcomes of the committee recommendations.
- No new services/supports will begin before the budget is approved.
- Utilization review levels for budgets are determined by the total cost of all services/supports paid through the DMH billing system – including DMH funds, SB40 waiver and non-waiver match, and Medicaid Waiver match dollars. Family, Community Partner, and other system dollars are not included.
- Once a budget is approved via the established utilization review/approval process, any request for additional funds must be added to the approved budget (the total cost of all services/supports – including DMH, SB40 waiver and non-waiver match, and Medicaid Waiver match dollars – to determine the new utilization review level. The additional request may not be considered in isolation of other services/supports the individual and family are receiving.
- A review of a single service should not delay the implementation of other services in the plan.

Review/Approval Levels (Applies to In-Home Services Only)

- All approvals occur at the local level unless the Director/designee feels it is necessary to consult with the Division Deputy Director.
- When plans are developed for partial year budgets, the cost must be annualized.
- When there are multiple family members who receive services, this must be noted and all of the budgets considered together in the UR process. In order to make a determination of what level of services is appropriate, it is often helpful to have a comprehensive picture of all services/supports going into a single home. This does not mean they all have to be on the same plan year, but that all of the current supports should be considered.
- Applicable MO HealthNet State Plan services must be accessed first when those state services will meet the person's needs.
- If the decision of the Regional Director results in the denial, reduction, or termination of a specific service, then the person must 1) be informed in writing at least 10 days in advance of the adverse action; 2) be given the reason for the action; 3) be given information on his/her rights to appeal the decision of the Regional Director. Division of DD staff who communicate with individuals and/or parents and guardians need to understand clearly that waiver services may not be denied, reduced, or terminated based solely on a lack of Regional Office funds. However, non-waiver services may be denied, reduced, or terminated based on a lack of Regional Office funds.

Utilization Review / Plan Development (Timeline)

- Two months prior to plan implementation, the Support Coordinator/agency will meet with the individual/family to prepare a plan with justification for the individual's support needs. The initial plan must be agreed to and signed by the individual/family and the Support Coordinator. A copy of the plan will be given to the individual/family prior to submission of the plan to the UR Committee. If plan submission would be unreasonably delayed because the individual/family is not readily available for signature, the Support Coordinator may annotate his/her efforts to obtain the signature on the plan and submit it without signature. However, a copy of the plan will be mailed to the family by registered mail before submission.
- One month prior to plan implementation, the Support Coordinator submits the signed plan to the Utilization Review Committee (URC).
- Utilization Review: The URC must review the plan within 6 working days of receipt. If the URC needs more information in order to make a recommendation, they request

information from the Support Coordinator and the Support Coordinator has 10 working days to respond. The URC must make a recommendation to the Regional Director no later than 6 days after receipt of all needed information.

- Regional Director Decision: The Regional Director or his/her designee must approve or reject the recommendation within 5 working days of receipt of the URC recommendation.
- Notification: the individual/family and agency will be notified in writing of the final decision of the Regional Director at least two weeks in advance of service implementation. If, at any level of the utilization review process, an adverse action is recommended, the individual/family must 1) be informed in writing at least 10 days in advance of the adverse action; 2) be given the reason for the action in writing; and 3) be given written information on his/her appeal rights.
- Services may not be denied, terminated or reduced for waiver participants based solely on lack of Regional Office funds.

How are plans and budgets reviewed?

- The UR Committee uses a checklist to ensure that the necessary documentation in the personal plan and budget is available to support the service need. The checklist is divided into four categories: Planning, Financial, Missouri Values, and Residential.
- The Committee also uses a Prioritization of Need form to assist in scoring requests for new or additional services. This tool has six categories: Emergency, Health and Safety, Family Support Daily Living Supports, Inclusion and/or Recreational Supports and Long Term Planning.
- The UR score for a needed service is used to determine priority on waiting lists.

Support Coordinator Responsibilities

- The Support Coordinator is encouraged but not required to attend the UR Committee meeting, but cannot be considered a core UR Committee member for that plan.
- The Support Coordinator may attend as requested by the consumer or their family.
- Provide clarification when asked to do so by the URC or prior to the Regional Director's review. When asked by the URC, the Support Coordinator has 10 working days to respond.
- The Support Coordinator should communicate with families and providers in a timely manner and make sure the individual/family understands the outcomes of the committee recommendations.

- Two months prior to plan implementation, the Support Coordinator/agency will meet with the individual/family and Support Coordinator. A copy of the plan will be given to the individual/family prior to submission of the plan to the UR Committee. If plan submission would be unreasonably delayed because the individual/family is not readily available for signature, the Support Coordinator may annotate his/her efforts to obtain the signature on the plan and submit it without signature. However, a copy of the plan will be mailed to the family by registered mail.
- Complete other Individual Service Plan reviews as directed by the Regional Director.
- Provide guidance to the family about any alternative resources that may be available to support needs not approved through the UR process.